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SUNRISE HEALTHCARE SYSTEM GOOD GOVERNMENT FUND PA Name (print) Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

| CONTRIBUTOR'S NAME AND ADDRESS  | DATE OF EACH CONTRIBUTION             | AMOUNT OF EACH CONTRIBUTION | CHECK HERE !   |
|---|---------------------------------------|-----------------------------|--|
| SUNRISE HOSPITTAL AND MEDILAL CONTERL<br>3186 S. MARYLYAND PARKWAY<br>LAS VEGAS, NV 89109 | 10/26/2002                            | # 11,000.=                  | The state of the s |
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Fund PAC Suneise HEALTHGARE System Good Gou'T e (print) Office (if applicable)

Name (print)

District (if applicable)

#### Contributions of \$100 or Less

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Suncise HEALTHLARE SYSTEM GOOD GOVERNMENT FUND PAC

Office (if applicable)

District (if applicable)

#### **Expense Categories**

| CATEGORIES:   | (GODE |
|---|-------|
| Office expenses   | Α     |
| Expenses related to volunteers  | В     |
| Expenses related to travel  | С     |
| Expenses related to advertising   | D     |
| Expenses related to paid staff  | E     |
| Expenses related to consultants   | F     |
| Expenses related to polling   | G     |
| Expenses related to special events  | н     |
| ** Goods and services provided in kind for which money would otherwise have been paid | l     |
| Other miscellaneous expenses  | J     |

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

ReportPeriod

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Sunaise HEALTHCARE System GOOD GOVERNMENT FUND PAC Name (print) Office (if applicable)

District (if applicable)

#### Expenses in Excess of \$100

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE PAYMENT FOR THE<br>EXPENSE(S) | CATEGORY<br>(See Previous Page))<br>NRS 294A 365 | EXPENSE | AMOUNT OF EACHEXPENSE |
|---|--|---------|-----------------------|
| Committee to ELECT LONNE HUMMARGREN<br>4318 RIDGECREST DR<br>LAS VEGAS NV 89121                           |  |         | Z,000 =               |
| COMMITTEE TO ELECT MARIE MANGRISO 4629 BUTTELFLY CIECLE LAS VEGAS NV 89122                                |  |         | 500 ≌                 |
| COMMITTEE TO ELECT WALTER ANDONOV<br>PO BOX 531106<br>HENDERSON, NV 89053                                 |  |         | 1,000 =               |
| COMMITTEE TO ELECT DAVIS BROWN 701 N. GREEN VALLEY PARKWAY, Ste 200 HENNEYSON NV 89074                    |  |         | 500 =                 |
| COMMITTEE TO ELECT RICHARD PERLIUS<br>408 GLASCOW, ST<br>HENDERSON, NV 89015                              |  |         | 1,000.=               |
| COMMITTEE TO ELECT VONNE CHOWNING POBOX 43211 LAS VEZAS NV 89116  |  |         | 500, 蛭                |
| COMMITTEE TO ELECT JOSH GRIFFIN<br>192 CAMINO LA PAZ<br>HENDERSON NV 8901Z                                |  |         | 500.≅                 |
| COMMITTEE TO EVERT FRANCES ALLEND<br>P.O.BOX 34718<br>LMS VEGAS NU 89133                                  |  |         | 250 ≈                 |
| COMMITTEE TO ELECT DAVID PARKS<br>1700 GABRIEL DR.<br>LAS VEGAS NV 89119                                  |  |         | 5cô °°                |

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Suncise HEALTHCIARE SYSTEM GOOD COMERNMENT FUND PAC Name (print) Office (if applicable)

District (if applicable)

#### Expenses in Excess of \$100

| NAME AND ADDRESS OF<br>PERSON: GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE PAYMENT FOR THE<br>EXPENSE(S) | CATEGORY<br>(See Previous Page)<br>NRS 294A 3655 | *AMOUNT *OF<br>EAGHIEXPENSE |
|---|--|-----------------------------|
| COMMITTEE TO EVECT KATHYAUGUSTINE<br>1400 MARIA ELENA DR<br>LAS VEZAS NU 89104                            |  | 500 =                       |
| COMMITTEE TO ELECT SANDRATIFFANY<br>2156 SUN SWEPT WAY<br>HENDERSON NV 89074                              |  | 1,000 =                     |
| COMMITTEE TO ELECT TERRY CARE 4371 WOODCLEST RD LAS VEGAS, NU 89121                                       |  | 5∞ €                        |
| COMMITTEE TO ELECT BARBARACECASKE<br>6465 LAREDO STREET<br>LAS VEZAS NU 89146                             |  | 500€                        |
| COMMITTEE TO EVET DANNIS NOVAN<br>POBOX 82249<br>LAS VERAS NV 89180                                       |  | 2,000=                      |
| COMMITTEE TO ELECT WARREN HARDY<br>6536 BLUE SAPPHIRE CT<br>LASVEZAS, NV 89110                            |  | 1,000 =                     |
| COMMITTEE TO ELECT TOMCOLLINS<br>4716 W. SAN MICHEL AVE<br>NORTH LAS VEGAS NV 89032                       |  | 50002                       |
| COMMITTEE TO ELECT GARN MABELY<br>1404 SIWER DAKS ST<br>LAS VEZAS, NU 89117                               |  | 500 °2                      |
| COMMITTEE TO ERECT BOBBEERS<br>7310 WEST SMOKE RANCH RD. SWITCH<br>LUTS VEZIAS, NV 89128                  |  | 500 92                      |

SUNCISE HEALTH CARE SYSTEM GOOD CONTERNMENT FUND PAC Name (print) Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

| NAME AND ADDRESS OF PERSON: GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)  NRS 294A 365 | 经实现 1)人工行为人力的 有人人们的基础 | AMOUNT OF<br>EAGHEXPENSE |
|---|-----------------------|--------------------------|
| COMMITTEE TO ELECT MORSE HIBERRY 2551 S. FERT APACHE RO SUITE 102 LINS VELAS NV 89117                       | 10/25/2002            | 1,000 =                  |
| COMMITTEE TO ELECT BARBARA BUCKLEY 5442 HOLBEOOK De. LAS VECAS NV 89103                                     | 10/25/2002            | 1,000                    |
| Committee to ELECT CHEKGMIKHIGLIANI<br>706 BEACKEN AUE<br>LASVECAS, NV 89104                                | 10/25/2002            | 500 00                   |
| Committee to ELECT DAVID GOLDWATER<br>2701 MIRAFLORES AVE<br>LAS VEZAS, NV 8910Z                            | 10/25/2002            | 500 92                   |
| Committee to ELECT Bernie Mathews<br>POBOX 7176<br>PENO NU 89510  | 11/26/2002            | 500 =                    |
| Committee to ELECT MANRIE WASHINGTON 70 BOX 1166 SPACKS NV 89432  | 11/26/2002            | 500 °C                   |
| COMMETTEE TO ELECT MARK AMODEI  805 W. SUNSET WAY  CARSON CITY, NV 89703                                    | 11 /26/2002           | 500 00                   |
| Committee to Elect Tom GRADY 43 FARMAY DR YERINGTON NV 89447  | 11/26/2002            | 500 =                    |
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Sunrise HEALTHUARE SYSTEM GOOD GOVERNMENT FUND PAC Name (print) Office (if applicable)

District (if applicable)

## Expenses of \$100 or Less

| DATE<br>OF EACH<br>EXPENSE | AMOUNT<br>OF FACH | CATEGORY |
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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

# IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Report Period

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District (if applicable)

#### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

| CONTRIBUTOR'S NAME AND ADDRESS  | DATE OF EACH IN KIND CONTRIBUTION | DESCRIPTION OF LEASE FACH.  IN KIND | VALUE OR COST OF EACH? IN KIND CONTRIBUTION | GHECK<br>HERE<br>IF<br>LOAN |
|---|-----------------------------------|-------------------------------------|---|-----------------------------|
| SULPISE HOSPITAL'S MEDICALCTR<br>3186 S. MARYLAND FARKUNY<br>LAS VEZAS NV 89109 | € 9   29   2002_                  | FOOD, CATEYLING                     | \$3,814≌                                    |                             |
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| Name (print)       | ,      | Office (if | f applicable) |      |     |

District (if applicable)

### **IN KIND**

#### Contributions of \$100 or Less

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Report Period

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Name (print)

Office (if applicable)

District (if applicable)

#### **IN KIND**

#### Expenses in Excess of \$100

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED:<br>THE IN KIND GOOD(S) OR<br>SERVICE(S) | DESCRIPTION<br>OF EAGH<br>IN KIND<br>EXPENSE | EAGH.       | VALUEOR (GOST<br>OFFEAGH<br>INKIND<br>EXPENSE |
|---|--|-------------|---|
| COMMITTEE TO ELECT LONNIE HAMMAROUS<br>4318 RIDGECREST DR<br>LAS VEGAS NV 89121                               | FOOD & CATEURALG<br>FOR FUND RAISER          | € 9/29/200Z | \$ 3,814 00                                   |
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Suncise HEALTHCARE S Name (print) GOVERNMENT

Office (if applicable)

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#### **IN KIND**

# Expenses of \$100 or Less

| DATE OF EACH IN KIND EXPENSE | VALUE OR COST<br>OF EAGH<br>IN KIND<br>EXPENSE | DESCRIPTION OF EACH IN KIND EXPENSE |
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Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362